

| POSITION                  | INITIALS  | ID NO.     | DATE            |
|---------------------------|-----------|------------|-----------------|
| FEE DETERMINATION         | <i>DD</i> |            | <i>5-30-01</i>  |
| O.I.P.E. CLASSIFIER       |           | <i>73</i>  | <i>6/8/01</i>   |
| FORMALITY REVIEW          | <i>TH</i> | <i>913</i> | <i>10-28-01</i> |
| RESPONSE FORMALITY REVIEW |           |            |                 |

INDEX OF CLAIMS

✓ Rejected N ..... Non-elected  
 = Allowed I ..... Interference  
 (Through numeral) Canceled A ..... Appeal  
 + Restricted O ..... Objected

| Claim          | Date |
|----------------|------|
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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